

SCHOOL HEALTH

in Southend on Sea

1973

The Annual Report of the
Principal School Medical Officer of Health
for the County Borough of Southend on Sea

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL
OFFICER FOR THE YEAR 1973

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Mr. H.F. McCarthy

STAFF OF THE SCHOOL HEALTH SERVICE

A. Whole-time Officers:

Principal School Medical Officer:

G.V. Griffin, M.B., B.S., D.P.H., M.F.C.M.

Deputy Principal School Medical Officer:

M.R. Mellor, M.B., Ch.B., L.R.C.P., D.P.H., M.F.C.M.

Senior Medical Officer and Senior School Medical Officer:

I.B. Barrie, M.B., Ch.B., D. Obst.R.C.O.G., D.P.H., M.F.C.M.

Senior Medical Officer and Senior School Medical Officer:

M.S.M. Adams, M.B., B.S., M.R.C.S., L.R.C.P.

Senior Medical Officer in Department and School Medical Officer:

A.H. Ghabrial, M.B., Ch.B., D.C.H., L.M.S.S.A.

appointed 13.8.73.

School Medical Officers:

J. Greenhalgh, M.B., B.S., M.R.C.S., L.R.C.P., D.A.

E.G. O'Sullivan, L.R.C.P. & S.I., L.M.

Chief Dental Officer:

J.M. Stratford, L.D.S., D.D.P.H., R.C.S.

Area Nursing Officer (Health Visiting)
Mrs. M.D. Gower, S.R.N., S.C.M., H.V.Cert.

Health Visitors and School Nurses:
18 whole-time, 7 part-time
4 students under training

School Clinic Nurse:
Mrs. J.E. Arthur, S.R.N.
1 School Clinic Attendant

School Nurses: 4

Senior Administrative Assistant:
Miss A.M. Roberts

Administrative Assistant:
Mrs. G. Knight

Clerks: 8

Dental Attendant 1 Dental Clerk 1

Secretary - Child Guidance Clinic:
Mrs. C. Brown

B. Part-time Officers:

Medical Staff: 3

Psychiatrist:
H. Bevan-Jones, M.R.C.S., L.R.C.P., D.P.M.

Social Worker (Child Guidance Clinic)
Mrs. E.J. Loveday

Senior Educational Psychologist:
J.T. Acklaw, B.Sc.

Assistant Educational Psychologists:
Miss I.E. Clements, B.A., resigned 31.10.73.
C.J.T. Rogers, M.A.

Dental Officer:
D.F. Hayes, B.D.S.

Speech Therapist :
Miss J. Sibley, L.C.S.T., resigned 5.8.73.

Dental Attendant: 1.

Physiotherapist at Kingsdown School: 1

Physiotherapy Assistant: 1

Physiotherapist at Lancaster School: 1

ANNUAL REPORT

I have the honour to present the last Annual Report that the Principal School Medical Officer will submit to the Education Committee of the County Borough of Southend-on-Sea.

The figures record the work and efforts of all members of the School Health Service and Education Staff concerned with the health and well-being of pupils in their care. The inevitable deficiencies in the service are due to the impossibility of securing the services of professional staff, notably dental surgeons and speech therapists, or suitable residential care for emotionally disturbed children. The continuing lack of any form of adolescent unit in the region's Psychiatric Hospital Services is a grave handicap.

Impatience with such deficiencies may be commendable but it is worth recalling that the Southend-on-Sea School Health Service only came into being in 1909 when the first Annual Report of the School Medical Officer, Dr. C. Grant Pugh said after the first years work "the experience gained has been sufficient to show that in the future the greater attention now bestowed on the cleanliness, hygienic surroundings and physical health of the individual child will have as beneficial a result as the working of the Public Health Service has had upon the incidence of preventable disease in the country generally."

In 1909 there was a population of 61,268 in the Borough, the Infant Mortality Rate was 74.6 and the Education Rate one shilling in the pound. There were 7,218 children in "six Provided Schools, four Non-Provided Schools and one Special Centre for defective children." The problems noted in this first report have a modern ring, e.g. "In spite of the division of the Borough into areas, children from which are drafted into the corresponding schools, children resident in the same road may not attend the same school, and in some cases children from the same family may be attending as many as three different schools; parents appear to change their address much more frequently in the Borough than is usual in the majority of other towns; and it tends to make the correct distribution of the children among the different schools impossible."

These problems were compounded by the migratory nature of a sub-population of pupils who came to the Borough for varying lengths of time of a month or two to a year or two for the good of their health or to convalesce from a debility or prolonged illness, and when restored usually returned whence they came, mostly to the London suburbs.

The hygienic conditions of the schools were commented on somewhat adversely and various suggestions made to improve lighting, heating and sanitary arrangements in some schools.

7.5% of boys and 8.6% of girls were considered to be habitually dirty attending school but only 6 pupils were found with body lice at inspection, though 22 were excluded from school at some time during the year because of infestation.

7% of boys and 28.4% of girls had head lice or nits
"These figures are fairly satisfactory when compared with those obtained in other towns, where it would appear that on the average at least half of the girls in attendance at public elementary schools have nitty or verminous hair."

In this context the comment is apposite "The absence of any public baths, swimming or otherwise, in the Borough is unquestionably a great obstacle to efforts to promote general cleanliness"

Several pages are devoted to the subject of ringworm, particularly of the scalp, and the efforts made to encourage parents to treat the condition properly and persistently by regular attendance at the Health Office for instruction and a check on progress. This effort was necessary because "some of the children who have come under observation during the year had had to be excluded from school for more than two years owing to neglect of efficient treatment, while on December 31st (1909) no fewer than eleven children had been absent on account of the disease for over a year, three having been excluded so long ago as February 1908."

Whatever the deficiencies found at medical inspection, there was only limited service available to the population, the only hospital was the 32-bedded Victoria Hospital which served the Borough and surrounding districts, had only in-patient facilities and out-patients were not treated at all. The choices open to parents were typified by the situation of children requiring operations for enlarged tonsils and adenoids; they could be taken to:

- (1) The Family Doctor
- (2) Southend Victoria Hospital for in-patient treatment
- (3) One of the London Hospitals for out-patient operations
- (4) The Poor Law Medical Officer.

Most parents could not afford options (1) or (3); (2) depended on obtaining a "subscriber's letter" and space in the hospital, "while the last method is one which the average parent, however poor, will not adopt."

This general table shows the overall situation in 1909 when the School Health Service started:

	<u>Boys</u>	<u>Girls</u>
No. examined	1396	1347
Nutrition, good	557	646
fair	717	623
poor	122	78
Teeth, sound	598	592
fair, but requiring attention	614	572
bad, more than four carious	184	183
No. with verminous or nitty hair	100	383
No. with defective hearing	36	34
No. with defective speech	66	47

No. with impaired mental condition	54	25
No. with external eye diseases -		
A. Squint	25	26
B. Sore eyelids	19	22
C. Corneal opacities	8	14
No. with ear discharge	21	19
No. with enlarged tonsils & possibly adenoids	209	189
No. with adenoids only	70	62
No. with defective vision -		
A. One eye	44	36
B. Both eyes	66	127
No. with contagious skin diseases -		
A. Ringworm	9	14
B. Impetigo	22	11
C. Scabies	3	3
No. of parents present	582	736

The body of the report for 1973 shows the situation currently obtaining. The differences are striking when the relatively short time scale is considered and as much due to the alteration in the social structure of Society following two World Wars and the implementation of the legislation creating the "Welfare State", as due to the improvement in the School Health Service.

The School Health Service of the future will be merged with the totality of the Child Health Services of the new Health Authorities and administered on a geographical County basis. New organisations will bring new opportunities and, hopefully, better service to the pupils and staff.

I would like to record my sincere appreciation of all my colleagues, particularly Mr. Bartlett the Chief Education Officer, and my thanks to the Chairman and Committee Members for their unfailing courtesy and assistance. My particular thanks to Dr. Barrie and all the staff of the School Health Service.



Principal School Medical Officer

STAFF

Dr. A.H. Ghabrial was appointed to the post designated Senior Medical Officer in Department during the year. There were no other changes in the whole-time Medical or Dental staff.

MEDICAL AND DENTAL INSPECTIONS

In 1973 the School Health Service in Southend aimed at providing general surveillance of the health and welfare of the whole school population. The objects were to maintain the health and welfare of the school population at as high a level as possible, and in particular, to ensure that each child was in a state to benefit from the education that was provided for him. The identification of any pupil whose general development was deviating from normal was sought with a view to ensuring that adequate diagnosis and treatment was provided and that recommendations concerning educational needs were made. On the following pages will be found a brief outline of the methods taken to achieve these objectives.

The health and welfare of the child population under school age is supervised by Health Visitors. Any child whose development is found to cause concern is brought forward to the notice of the medical staff who keep the child's progress under review. Children on entering nursery classes have a medical examination prior to school entry.

Special education is available on the recommendation of the Principal School Medical Officer for some children under the age of five at Lancaster School, the Partially Hearing Unit, and at the Observation Unit Kingsdown Annexe. The Children's Day Centre at Southend General Hospital has a nursery class taught by a teacher employed by the Local Education Authority. Admission here is at the request of the Consultant Paediatrician. Some children, already under supervision of Specialists at London Hospitals are referred to Consultants with a request for consideration for admission to this unit. Case conferences on these children are held regularly by the Hospital Staff, the staff of the School Health Service and the School Psychological Service. When any handicapped child is approaching school age, the School Medical Officer ensures that all the necessary recommendations for all aspects of care have been considered concerning his future education. In other circumstances, the admission of a child to a nursery class or a private play group may be arranged.

Infant Schools

All children are medically examined and their vision and hearing tested in the first year at school. Parents are advised when this is to happen and are invited to attend. The school nurse visits the school prior to the medical examination to carry out the hearing and vision tests.

Junior Schools

Vision and hearing tests carried out by the school nurse are repeated during the child's first year at junior school and again during his final year there. Colour vision testing is done at this stage. The system of selective medical examinations, as outlined in previous reports, is continued.

Secondary Schools

Testing of vision is carried out during the pupil's second, third and fourth years at school. The selective medical examination scheme (as outlined for junior schools) will, in future, be carried out in the fourth year; this year both fourth and fifth year pupils were reviewed because of the raised school-leaving age.

Medical Supervision of Handicapped Pupils

The regular visits by school medical staff to the special schools were maintained.

Dental Inspections and Treatment

The following is the report of Mr. J.M. Stratford, L.D.S., D.D.P.H., R.C.S., Principal School Dental Officer:-

" Due to continued staff shortage it has not been possible to develop this Service. We have a Dental Officer/Patient ratio of 1 to 16,660. The national ratio is 1 Dental Officer to 5,440.

With such a staff position most time is spent treating the ravages of dental disease and the preventive aspects of the work cannot be extended.

This year, Dental School Inspections still continued as in other years, but not quite to the same extent. Here again this service requires to be stepped up to obtain maximum impact.

The recall system in operation prevents extensive courses of treatment for those who make use of this aspect of dental care.

With the active co-operation of Mr. D. Di-Biase, Consultant Orthodontist at Southend General Hospital, Mr. J. Timmis, Chief Dental

Officer for Essex, and Mr. H. Levison, County Orthodontist, it has been possible to arrange for Mr. Levison to hold a clinic of two sessions at Southend General Hospital to treat those children in Southend referred by the School Dental Service who require orthodontic treatment. When this service starts in 1974 it should held reduce the waiting time for treatment from the present nine months to a more acceptable period.

Southend Borough is fortunate that the demand for prosthetic treatment is still low.

Some of the treatment carried out is briefly summarised in the following table:

1973	1972
5 - 9 age group ratio of teeth conserved to extracted	5 - 9 age group ratio of teeth conserved to extracted
Permanent dentition 40 : 1 Deciduous dentition 1.5 : 1	Permanent dentition 16.1 : 1 Deciduous dentition 1.1 : 1
10 - 14 age group ratio of teeth conserved to extracted	10 - 14 age group ratio of teeth conserved to extracted
Permanent dentition 8.4 : 1 Deciduous dentition 0.8 : 1	Permanent dentition 9.1 : 1 Deciduous dentition 1.2 : 1
15 years and over age group ratio of teeth conserved to extracted	15 years and over age group ratio of teeth conserved to extracted
Permanent dentition 6.2 : 1	Permanent dentition 4.1 : 1

PROVISION OF MILK AND MEALS

Milk in Schools

The sale of one-third pint bottles of milk to pupils no longer eligible for free milk continued at a charge of 2¹/₂p. Total number of bottles supplied both free, to children in Infant or Special Schools and to seven children in Junior Schools on the recommendation of the Principal School Medical Officer, and for payment was as follows:-

Maintained Schools	1,060,177
Independent Schools	<u>90,548</u>
	<u>1,150,725</u> (1,205,396 in 1972)

School Meals Service

Number of meals supplied 2,922,818
Percentage of children on roll
taking meals: Primary 59%
Secondary 44%

On a selected day, 15% of the meals served to pupils in maintained schools were free meals.

Number of Kitchens

Forty-eight kitchens were in use. The following schools are the only maintained schools which continue to receive container meals from kitchens not on their own premises:-

St. Helens, R.C. Junior Mixed and Infants School
(new kitchen to be opened on 21st January 1974)
Hamlet Court Infant School
Lancaster School

Meals were supplied to two independent schools.

There were no outbreaks of food poisoning associated with the School Meals service.

ARRANGEMENTS FOR TREATMENT

General

A. School Clinics

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Afternoons at 2.15 p.m. Monday to Friday throughout the year

B. Minor Ailment Treatment Centre

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Mornings from 9.0 a.m. Monday to Friday
(Treatment by School Clinic Nurse)

C. Dental Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea

One Surgery open for 9 sessions weekly.

A second Surgery open for 5 sessions weekly.

No.70 Burnham Road, Leigh-on-Sea.

One Surgery open for 1 session weekly.

D. Eye Clinic

Regional Hospital Board Clinic held on Local Authority premises.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

Thursday morning at 9.30 a.m.

E. Child Guidance Clinic

Psychiatrist provided by Regional Hospital Board.

Premises and ancillary staff provided by Local Authority.

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. The Psychiatrist attends on 6 sessions a week on Monday, Tuesday and Friday throughout the year.

F. Speech Therapy Clinic

Municipal Health Centre, Warrior Square, Southend-on-Sea.

The Clinic works on an appointments system. There is an establishment for two Speech Therapists working at the Central Clinic and at the clinic premises at Leigh and Thorpedene as required. They are also engaged on work at the schools. Visits are paid to ordinary schools and regular visits to special schools. No Speech Therapist was in post after 5th August 1973.

The Central Clinic at the Municipal Health Centre, Warrior Square, continues to provide a full range of services comprising inspection clinics, minor ailment treatment centre, dental clinic and special clinics for child guidance, speech therapy and ophthalmic services. These premises are shared by the maternity and child welfare and immunisation services of the Health Committee, as are the peripheral clinics at Eastwood, Leigh, Westcliff and Thorpedene.

Malnutrition

No child examined at a periodic medical inspection was considered to be in an unsatisfactory physical condition. Teachers are encouraged to refer to the school health service any child whose condition causes them concern.

Minor Ailments

There were 1,064 attendances at school clinics compared with 1,002 in 1972. These figures include both chance attendances at the medical officers' clinics and special examination undertaken by appointment. With the appointment system more time is available to be spent on the child and his problem. The clinics at Leigh, Kent Elms and Thorpedene remained closed for casual attenders but when it was found that there were sufficient children requiring examination in these areas special clinics were arranged and the pupils invited to attend there by appointment. School clinic arrangements at Warrior Square were maintained: 29 attendances for treatment of minor ailments were dealt with by the school clinic nurse.

Plantar Warts

The special clinics set up last year continued and carried out 9,170 treatments as against 9,992 the previous year. With the co-operation of all head teachers, physical education staffs and particularly the Adviser in Physical Education, the number of affected pupils not being treated was decreased and warts at an earlier stage were detected and more effectively treated. Future years should see a decline in this problem with a high degree of co-operation existing between all concerned.

Uncleanliness and Verminous Conditions

One hundred and twenty-one pupils were found to be infested in the course of 21,755 inspections. The school nurses were responsible in the main for the supervision of these conditions. Children are excluded from school until infestation is cleared. The Headteacher requires a clearance certificate before allowing the pupil to re-enter the school, the certificate being obtained from either the School Health Service or from the General Practitioner.

Convalescent Treatment

No children were recommended for convalescent treatment under the Education Committee's scheme. Convalescence which is required as a continuation of hospital treatment is provided by the hospital service under the National Health Service.

Eye Diseases and Defective Vision

Children with squints are referred direct to a consultant at the hospital. Children found to have refractive errors may attend the Eye Clinic at the Municipal Health Centre or a private optician. From June the attendance of a Dispensing Optician at the Eye Clinic ceased; no replacement could be obtained. Variation in visual acuity may appear at any age during school life and as the onset is gradual the child may not realise that his visual acuity is deteriorating. The screening services are bringing forward to our attention many of these children, and the school nurses on occasion have a difficult task in persuading the parents that action should be taken in the interest of their child's vision. A school medical officer is responsible for the surveillance of the school progress of children suffering from severe defects of vision and if it becomes necessary will indicate the need for the provision of special education.

Orthoptic Clinic

Since 1968, children requiring orthoptic treatment have attended the General Hospital.

Diseases of the Ear, Nose and Throat

At periodic, selective and special inspections by the school medical officers four children were reported to require treatment for conditions of the nose and throat. Screening audiometric tests of hearing are carried out by the school nurses and when indicated the children are referred to the school medical officer for further investigations. It is possible at present to hold two clinics per week where children with hearing problems are seen by a doctor with special experience in E.N.T. conditions. Some general practitioners are now referring children to the School Health Service for assessment of hearing. In many cases the condition does not warrant surgical intervention, nor will medical treatment improve the condition. The children's conditions are reported to the headteachers by the medical staff and advice on their management in school is given. It is hoped that in the future a peripatetic teacher of the deaf will be able to supervise these pupils' progress in school. The aim is to prevent these children becoming educationally retarded because of their difficulty in hearing in the school situation.

The Department of Education and Science would like the number of pupils of all ages known to have received operative treatment for adenoids and chronic tonsillitis to be reported. Sixty four cases were reported to the Local Authority from the hospital this year against 118 in 1972. The Health Department tries to keep a complete record of the number of children wearing hearing aids in school. A school medical officer and the teacher in charge of the partially Hearing Unit are informed of these cases and an attempt is made to advise the school staff and the pupil concerned on the best use of the equipment.

Orthopaedic and Postural Defects

Advice and in-patient treatment are provided locally at Southend General Hospital. This year 92 children were reported to be attending the orthopaedic out-patient department. Children with defects are kept in an ordinary school, if possible, but if this would be detrimental to their education or health they can be transferred to Kingsdown School for physically handicapped and delicate children, or if need be to residential special schools.

School medical officers attend the hospital out-patient department where some of these children are under observation. The consultant paediatrician and a physiotherapist employed by the hospital visit Kingsdown School. This arrangement helps to provide continuity of care and treatment between the hospital and school.

Speech Therapy

Since Miss Sibly left at the end of July no replacement can be recruited and we are suffering from the serious shortage of trained staff nationally.

The special schools were visited regularly; 277 children were treated and 713 attendances recorded at clinics.

Diagnosis	Boys	Girls	Total
Defective articulation	103	33	136
Retarded speech and language	46	25	71
Non-fluency	19	6	25
Cleft palate	4	4	8
Hypernasality	2	0	2
Hyponasality	1	0	1
Specific language disorder	3	1	4
Communication disorder	8	4	12
Hearing loss	5	4	9
Dysarthric/dyspraxic element	4	2	6
Dysphonia	2	1	3
	197	80	277

Child Guidance

The work of the Child Guidance Clinic continued in its pattern of individual and group interviews by the Consultant Psychiatrist of the children, their parents and those involved with the children.

Medical undergraduates and trainee educational psychologists visited the clinic and Priory School as part of their training.

Staff Changes

Miss I.E. Clements, B.A., Assistant Educational Psychologist resigned on 5th August, 1973 upon taking up an appointment as Counsellor at the North-East London Polytechnic.

Part-time Psychiatrist

Interviews with children	670
Interviews with parents	760
Interviews with Head teachers, Probation Officers and other agencies	356

The following tables show the sources of referral in the 115 cases referred to the clinic during the year, and the age range of the children concerned.

Sources of referral:

	Boys	Girls	Total
Parents	6	11	17
Principal School Medical Officer	9	9	18
Probation Officers/Juvenile Court	3	-	3
General Practitioners	21	14	35
Medical Officers (S.G.H.)	8	2	10
Educational Psychologists	12	4	16
Head Teachers	2	5	7
Other Agencies	6	3	9
	67	48	115

Age Range	Boys	Girls	Total
Under 5 years	6	6	12
5 - 7 years	9	7	16
8 - 10 years	20	13	33
11 - 13 years	16	9	25
14 - 16 years	16	13	29
	67	48	115

Psychologists have maintained regular visits to all special schools. A full report of the educational psychologists will be found in the Annual Report of the Chief Education Officer.

WORK OF THE SCHOOL NURSES

Health Visitors have a joint appointment of Health Visitor/School Nurse. The work of the Health Visitor in the school takes the form mainly of health education. Some home visits are paid in special cases where parent counselling is required.

Four School Nurses without the Health Visitor's qualifications are employed, so that the other services to the schools are maintained. They attended the sessions for medical inspection of all children entering infant school for the first time, and the pupils chosen for medical inspection in the junior and secondary schools. They carried out screening tests of vision and hearing on pupils at the ages of 5 and 7 years as well as vision tests on pupils at the ages of 10, 12, 13 and 14 including colour vision of both boys and girls. Cleanliness inspections were carried out when indicated.

The following table indicates the variety of reasons for the school nurses' follow-up visits to the home.

	No. of children visited	No. of visits made
Encourage attendance for special examination	103	144
Hearing difficulties	81	79
Squint or defective vision	127	139
Vermineous conditions	235	222
Infectious diseases	10	8
Contagious skin diseases (Impetigo, Ringworm)	29	30
Poor physical condition or dirty	62	57
Vaccination or immunisation	2	2
Parent counselling	74	82
Other conditions	67	91
Total	790	854

HEALTH EDUCATION

Miss Staunton, the Health Visitor primarily concerned with Health Education, left the Borough in September 1973. The work in schools continue in the same pattern as last year.

Sessions

1)	Belfairs	44)	Personal relationships
2)	Southend High School for Girls	17)	Social and Mental Health
3)	Cecil Jones	3)	
4)	Eastwood High School for Girls	3	Child Care
5)	Eastwood High School for Boys	3	"Learning to Earning" Conference, Child Development and Mental Health
6)	Further Education - Playgroup Leaders 2 Talks Child Care		
7)	Lancaster School - Tests for The Duke of Edinburgh Bronze Award. 3		
8)	Uniformed Youth Organisations 3 Mothercraft/Child Care		
9)	Film Shows on Health Matters to children attending the Verracae Clinic		
10)	Leigh Junior "Smoking Suzy". Demonstration and talk.		

In June South East Essex Home Safety Committee, in conjunction with the Public Protection Committee of the Borough, who are responsible for Home Safety, organised a "Dangers in the Home" painting picture Competition. All schools were circulated with particulars and out of a total of 1621 entrants 387 came from Southend School Children and eight of these were prize winners.

HANDICAPPED PUPILS

Special Day Schools

For educationally sub-normal pupils	3
For physically handicapped and delicate	1
For maladjusted	1
Partially hearing unit	1
Observation unit	1

Before a recommendation is made by the Principal School Medical Officer to the Chief Education Officer to transfer a pupil from an ordinary school to a special school, each case is assessed as fully as possible. In the special schools there are many pupils who suffer from more than one handicap, and every effort is taken to ensure that the staff at the school are aware of all the problems the child has to cope with, so that he can benefit from the special education available to him.

HOSPITAL AND HOME TUITION

Mrs. Jean Berg and her assistant provide hospital tuition. They visit the medical and surgical wards at Southend General Hospital. The co-operation of the head teachers of schools, the nursing staff and the occupational therapists is an essential part of this service.

A teacher is not provided at Rochford Hospital but any child who is admitted for other than short-term care is catered for on an individual basis by a school via the Education Department.

The nursery class, in the charge of the teacher seconded to the hospital service, continues to function at the Children's Day Centre at Southend General Hospital.

		Children
<u>Children's Day Centre</u>	Borough	13
	County	12
		25

In 1973, continuing the policy of the Principal School Medical Officer, no pupils were recommended for home tuition on medical grounds.

UNIT FOR PARTIALLY HEARING CHILDREN

This unit continues to cater for children of nursery school and infant school age. As soon as a child is diagnosed as having a severe hearing problem he is referred with the parents to the teacher in charge of the unit for support and training in the management of the handicap. The child's admission to the unit is arranged as soon as it is possible. Integration with the pupils in the main school is encouraged. At present, if a child cannot cope in the ordinary school from the age of about 7 years, a residential place has to be sought for that child. Some children in ordinary schools who have hearing problems are visited by the teacher from the partially hearing unit, but there are others in the ordinary schools who would benefit from the attention of a peripatetic teacher of the deaf. At present, when a child is found to be suffering from a conductive hearing loss which may last for some time, he is brought to the attention of the headteacher by letter from the Principal School Medical Officer. General advice is given in the letter and a request is made that if any problems are noted then the child should be referred to the School Health Service immediately for further action on his case.

ST. CHRISTOPHER AND ST. NICHOLAS SCHOOLS

These two schools provide day special education for educationally sub-normal pupils. It was possible to maintain regular visits to these schools by the School Medical Officers this year. A few places were again available for pupils who, despite being at the lower end of normal intelligence, are so educationally retarded that they require remedial education at present not available in ordinary schools. The progress of the pupils is reviewed carefully so that their transfer to ordinary education is arranged as soon as possible.

LANCASTER SCHOOL

As soon as the staff of the Health Department become aware that a child is likely to require to attend this school, the parents are put in touch with the Head Teacher of the school. When the parent agrees, the informal admission on a part-time basis is made while the child is still of nursery school age. School Medical Officers maintain close supervision of the children's general development. A Consultant Physician visits to see the children and to advise the parents, the school staff and the medical staff on further management. The staff of the Social Services Department is closely associated with the care given to these children and the support given to the families. Physiotherapy and speech therapy are provided when available. The Educational Psychologists now visit this school regularly.

KINGSDOWN SCHOOL

This is a school for physically handicapped and delicate children. When places are available they may be taken up by children living in Essex. Physiotherapy is provided by a physiotherapist and her assistant who are employed by the Hospital Management Committee. A Consultant Paediatrician from Southend General Hospital acts as paediatric adviser to the school. The School Medical Officer for this school is also a clinical assistant at the paediatric out-patient department. This close co-operation between the hospital and school provides for continuity of the care of the pupils at the school.

Many of the pupils in this school are multiple-handicapped, and the help the Educational Psychologists now provide means that the educational, physical and emotional needs of the pupils can now be considered together, and a comprehensive programme of help can be provided for each child according to his needs.

The Southend and District Riding Club for the Disabled have continued with their arrangements for enabling some of the pupils of the school to learn horse-riding. Swimming is available for most of the pupils.

The following table shows an analysis of the conditions of the pupils who were in attendance during the year.

<u>Conditions</u>	<u>Boys</u>	<u>Girls</u>
Abnormal Gait	-	1
Achondroplasia	-	1
Anxiety State	-	1
Arthrogryposis	2	-
Asthma	14	2
Ataxia	2	1
Athetosis	1	-
Cerebral Palsy	11	7
Cerebral Tumour	1	2
Celiac Disease	-	1
Congenital Dislocation of Hip	-	1
Congenital Heart Disease	2	6
Cyanotic Heart Disease	-	1
Cystinosis	1	1
Dermatomyositis	-	1
De Toni Fanconi Syndrome	1	-
Diabetes	-	2
Eczema	2	-
Emotional Difficulties	-	1
Epilepsy	2	3
Exomphalos	-	1
Fallot's Tetralogy	1	1
Fragilitas Ossium	2	-
Fibro Cystic Disease	1	-
Galactosaemia	1	-
General Debility	1	-
Haemophilia	1	-
Hemiplegia	1	-
Hydrocephalus	-	2
Hypospadias	1	-
Hypotonia	2	-
Hypotonic Athetoid	1	-
Icthyosis	1	-
Meningo Myelocele	1	2
Minimal Brain Damage	1	-
Marquis's Disease	1	-
Muscular Dystrophy	4	-
Myelomeningocele and Hydrocephalus	1	2
Partial Sight	1	2
Perthés Disease	1	-
Polycystic Kidneys	-	1
Progressive Cerebellar Syndrome	1	-
Recurrent Respiratory Infections	1	3
Rheumatoid Arthritis	-	3
Scoliosis	-	1
Sickle Cell Anaemia	1	-
Spina Bifida	1	10
Totals	66	60

PRIORY SCHOOL

Priory School is a day school providing special education for 50 maladjusted pupils. Admission is made on the recommendation of the Principal School Medical Officer acting upon the advice from the Consultant Psychiatrist at the Child Guidance Clinic. Most children are discharged back to ordinary schools. In a few cases transfer to residential special schools is recommended but it remains very difficult to obtain such places.

OBSERVATION UNIT

The Observation Unit moved to purpose-built premises at Kingsdown School. The new premises are appreciated by staff, pupils and parents.

Residential Schools

The Authority provides no residential special schools and the following table shows the number of children with varying categories of handicap, who have attended residential special schools during the year.

	Boys	Girls
<u>Blind and Partially Sighted</u>		
East Anglian School, Gorleston-on-Sea	1	-
Dorton House, Seal	-	1
Blatchington Court School, Seaford	-	1
Hethersett, Reigate	-	1
Chorleywood College	-	1
<u>Deaf and Partially Hearing</u>		
Nutfield Priory	-	2
Woodford School, Woodford Green	8	1
East Anglian School, Gorleston-on-Sea	1	1
Tewin Water School, Welwyn	-	1
Mary Hare Grammar School	-	1
<u>Educationally Subnormal</u>		
Hawksworth Hall, Guiseley	1	-
Ingsdon House, Bickington	1	-
MacIntyre Schools Ltd. Bedfordshire	1	-
Ramsden Hall	1	-
Sheiling School, Bristol	1	-
Swaylands School, Kent	1	-
Michael House School, Ilkeston	-	1
Society School, Ealing	1	-
Orchard Dene, Rainhill, Liverpool	-	1
Reffey House School, Horsham	1	-

continued ...

	Boys	Girls
<u>Physically Defective and Delicate</u>		
Ogilvie School, Clacton	1	-
Ingfield Manor, Billinghamurst	1	-
Meath School, Ottershaw	1	-
Black Notley Hospital School	2	-
<u>Epileptic</u>		
Lingfield Hospital School	-	2
<u>Maladjusted</u>		
Periton Mead School, Minehead	-	1
Nazeing Park school, Nazeing	1	-
Triery Meadow School, Essex	-	1
<u>Speech Defect</u>		
Moor House, Oxted	1	-
Royal School for Deaf, Margate	1	-

Handicapped Pupils	(1) Blind (2) Partially sighted	(3) Deaf (4) Partial hearing	(5) Physically handicapped (6) Delicate	(7) Maladjusted (8) Educationally sub-normal and autistic	(9) Epileptic (10) Speech defects	TOTAL (1)-(10)
	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	(11)
Requiring Places in special schools						
(a) Day boys	-	-	1 -	5 1	- -	7
girls	-	-	- -	3 1	- -	4
(b) Boarding boys	-	-	- -	- 2	- -	2
girls	-	-	- -	- 1	- -	1
(i) Attending main-tained special schools						
(a) Day boys	1	-	13 12	36 147	- -	210
girls	-	-	8	11 110	1 -	144
(b) Boarding boys	-	1	1	1 2	- -	8
girls	-	3	-	1 -	- -	5
(ii) Attending non-maintained special schools						
(a) Day boys	-	-	- -	- -	- -	-
girls	-	-	- -	- -	- -	-
(b) Boarding boys	-	-	1	- 1	- -	2
girls	1	1	-	- -	2 -	5
Total carried forward	1 1	1 4	16 12 14 8	42 15 153 112	- 3 - -	229 159

Handicapped Pupils	(1) (2)	Blind Partially sighted	(3) (4)	Deaf Partial hearing	(5) (6)	Physically handicapped Delicate	(7) (8)	Maladjusted Educationally sub-normal and autistic	(9) (10)	Epileptic Speech defects	TOTAL (1)-(10)
Total brought forward	boys girls	(1) (2)	(3) (4)	(4) (5)	(5) (6)	(6) (7)	(7) (8)	(8) (9)	(9) (10)	(10) (11)	(11)
		1 1	- 1	1 4	16 12	14 8	42 15	153 112	- 3	- -	229 159
(iii) Attending independent schools											
(a) Day	boys girls	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
(b) Boarding	boys girls	- -	3 -	4 -	1 -	- -	- 5 1	- -	- -	- -	13 1
Receiving education otherwise than at school											
(i) in hospital	boys girls	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
(ii) in other groups	boys girls	- -	- -	- -	4 9	- -	- -	- -	- -	- -	4 9
(iii) at home	boys girls	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
TOTAL	boys girls	1 1	3 1	5 4	21 21	14 8	42 15	158 113	- 3	- -	246 169

EMPLOYMENT OF SCHOOL CHILDREN

Pupils seeking employment require to be examined only when specially indicated: 2 boys and 4 girls were examined prior to temporary theatrical employment this year.

CAREERS SERVICE

1973 was the year that the Employment Medical Advisory Service was established. The School Medical Officer is encouraged to contact this service in cases of difficulty but Careers Officers remain the main link with employers and specialist staff outside the Local Authority who help to find suitable employment for school leavers.

Selective school medical examinations are carried out in the autumn term of the fourth year. This provides time for action to be taken if unknown defects are found or further action is found to be required on conditions already known. Form Y.9 for the information of the Careers Officer, with copies for the E.M.A.S. and General Practitioners, are completed only when information is considered to have a bearing on the kind of work the school leaver should seek. Medical advice is, therefore, available for the Careers Officers when they start their programme of fifth year interviews. If information is obtained by the Careers Officer at the time of interview, which suggests to him that further medical information is required, the Careers Officer refers back and the case record reviewed by the School Medical Officer, and if necessary, special medical examinations are arranged.

The case conference on handicapped school leavers in their penultimate and final years in full-time education was convened once more. In addition to the Careers Officer (who maintains a special file on each case under review) the conference is attended by the Educational Psychologist, senior staff of the Social Services Department, the Chief Educational Welfare Officer and the Assistant Education Officer for Special Education. The benefit of such a conference to those with responsibility for advising on further education, treatment and employment is inestimable. I should like to thank all those who find time to attend this conference.

SCHOOL HYGIENE

Water

All the learner swimming pools are provided with automatic filtration and chlorination units. Daily records are kept of the residual chlorine content and pH of the water. Public Health Inspectors take samples periodically for bacteriological examination. The water has been maintained at standards which meet the Health Department requirements. No outbreaks of infectious disease have been caused by contaminated water in these pools.

School Meals Service

Applicants for a post in the School Meals Service submit a health questionnaire for scrutiny by medical officers and are given written instructions on personal hygiene. All staff are required to produce evidence of a satisfactory chest X-ray examination. Whenever a member of the kitchen staff or schools meals assistant has suffered a gastro-intestinal upset, the opinion of the medical officer is sought and guidance is given concerning her return to work.

Once more, there were no outbreaks of food-borne infection associated with the Schools Meals Service.

PROPHYLACTIC MEASURES

The Local Health Authority has been providing for some time immunisation against poliomyelitis, diphtheria, whooping cough, tetanus and measles. The visits to senior schools, introduced in 1970, to vaccinate girls against rubella continued.

B.C.G. Vaccination

B.C.G. vaccination against tuberculosis is the responsibility of the Chest Clinic and School Health Service. In the schools, in the B.C.G. age-group (13 years), 2,598 children were tested, of whom 2,484 were negative and 11 Grade I reactors. A total of 2,411 received B.C.G. vaccine. This is the first year that Grade I reactors have been vaccinated, a practice advised by the Department of Health and Social Security. One further change was made during the year. For some years, children who had been, or thought to have been, previously vaccinated who gave a negative result to the Heaf test were subsequently tested with a Mantoux 1:100 solution. The acceptance rate for the Mantoux testing had fallen so low that it was decided the best procedure would be to omit the Mantoux test and simply vaccinate.

Infectious Diseases

A girl aged 15 was found in April to have pulmonary tuberculosis. As there was a possibility that she had been mildly infective for some months prior to being diagnosed, all girls in her year were offered skin-testing - many of them had had B.C.G. vaccination the previous year - and all teaching staff were offered chest X-ray. The results indicated that the girl had neither transmitted the disease to her school contacts, nor had she acquired the infection in school.

PART 1 - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A -- PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination
		Satisfactory	Unsatisfactory	
		No.	No.	
		(3)	(4)	
(1)	(2)	(3)	(4)	(5)
1969 and later	53	53	-	-
1968	364	364	-	-
1967	1,116	1,116	-	-
1966	143	143	-	-
1965	34	34	-	-
1964	1	1	-	-
1963	1	1	-	-
1962	706	706	-	777
1961	309	309	-	383
1960	4	4	-	-
1959	488	488	-	988
1958 and earlier	1,013	1,013	-	1,825
TOTAL:	4,232	4,232	-	3,973

TABLE B - OTHER INSPECTIONS

Number of Special Inspections		23,602
Number of Re-inspections		<u>4,764</u>
		<u>28,366</u>

TABLE C - INFESTATION WITH VERMIN

(1)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons		21,755
(2)	Total number of individual pupils found to be infested		121

SCREENING TESTS OF VISION AND HEARING

1(a) Is the vision of entrants tested as a routine within their first year at school?

Yes

(b) If not, at what age is the first routine test carried out?

2 At what age(s) is vision testing repeated during a child's school life?

6	7	8	9	10	11	12	13	14	15	16
	/			/		/	/	/		

3(a) Is colour vision testing undertaken?

Yes

(b) If so, at what age?

10+ and 12+

(c) Are both boys and girls tested?

Yes

4(a) By whom is vision testing carried out?

School Nurses

(b) By whom is colour vision testing carried out?

School Medical Officers and School Nurses

5(a) Is routine audiometric testing of entrants carried out within their first year at school?

Yes

(b) If not, at what age is the first routine audiometric test carried out?

(c) By whom is audiometric testing carried out?

School Nurses

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR
 TABLE A - PERIODIC INSPECTIONS
 RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER 1973

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		Treat-ment	Requiring Obser- vation	Treat-ment	Requiring Obser- vation	Treat-ment	Requiring Obser- vation	Treat-ment	Requiring Obser- vation
4	Skin	3	56	19	34	3	46	25	136
5	Eyes - (a) Vision	40	74	12	129	21	117	73	320
	(b) Squint	10	34	-	6	-	13	10	53
	(c) Other	-	8	-	3	-	1	-	12
6	Ears - (a) Hearing	16	207	3	21	8	31	27	259
	(b) Otitis Media	4	10	-	6	-	-	4	16
	(c) Other	-	14	1	6	-	1	1	21
7	Nose and Throat	2	74	1	34	1	28	4	136
8	Speech	11	51	2	5	2	6	15	62
9	Lymphathetic Glands	-	8	-	1	-	-	-	9
10	Heart	1	18	-	5	-	6	1	29
11	Lungs	1	25	-	67	-	51	1	143
12	Developmental - (a) Hernia	-	2	-	3	-	-	-	5
	(b) Other	-	26	-	17	-	7	-	50
13	Orthopaedic - (a) Posture	-	16	-	7	-	5	-	28
	(b) Feet	1	50	1	12	1	25	3	87
	(c) Other	-	9	-	8	1	26	1	43
14	Nervous System - (a) Epilepsy	-	4	1	11	-	5	1	20
	(b) Other	-	6	-	13	-	7	-	26
15	Psychological - (a) Development	3	14	-	4	1	12	4	30
	(b) Stability	-	17	-	-	-	9	-	26
16	Abdomen	-	8	-	-	-	6	-	18
17	Other	3	63	4	18	1	31	8	112

TABLE B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	-	3
5	Eyes - (a) Vision	529	366
	(b) Squint	-	2
	(c) Other	2	-
6	Ears - (a) Hearing	40	1181
	(b) Otitis Media	-	-
	(c) Other	-	-
7	Nose and Throat	2	11
8	Speech	7	12
9	Lymphatic Glands	-	-
10	Heart	-	1
11	Lungs	2	7
12	Developmental -		
	(a) Hernia	-	3
	(b) Other	3	7
13	Orthopaedic -		
	(a) Posture	-	-
	(b) Feet	-	1
	(c) Other	-	-
14	Nervous system -		
	(a) Epilepsy	-	4
	(b) Other	1	-
15	Psychological -		
	(a) Development	2	6
	(b) Stability	256	34
16	Abdomen	1	-
17	Other	1	19

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - EYE DISEASE, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of refraction (including squint)	<u>500</u>
Total	<u>502</u>
Number of pupils for whom spectacles were prescribed	168

TABLE B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<u>Number of cases known to have been dealt with</u>
Received operative treatment	
(a) for diseases of the ear	51
(b) for adenoids and chronic tonsillitis	64
(c) for other nose and throat conditions	-
Received other forms of treatment	-
Total	<u>115</u>
Total number of pupils in school who are known to have been provided with hearing aids	
(a) in 1973	3
(b) in previous years	50

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	<u>Number of cases known to have been treated</u>
(a) Pupils treated at clinics or out- patient departments	92
(b) Treated at school for postural defects	-

TABLE D - DISEASES OF THE SKIN

(excluding uncleanliness for which see
Table C of Part 1)

	<u>Number of cases known to have been treated</u>
Ringworm:	
(a) Scalp	-
(b) Body	9
Scabies	9
Impetigo	2
Other skin diseases	<u>1764</u>
Total	<u>1783</u>

TABLE E - CHILD GUIDANCE TREATMENT

	<u>Number of cases known to have been treated</u>
Pupils treated at Child Guidance Clinics	251

TABLE F - SPEECH THERAPY

	<u>Number of cases known to have been treated</u>
Pupils treated by Speech Therapists	277

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been treated
(a) Pupils with minor ailments	29
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	2411
(d) Tuberculin Surveys (other than for B.C.G.)	-
(e) Physiotherapy	57
(f) Orthoptic Clinic	930
(g) School children seen at Southend General Hospital Accident Centre	1289
	4716

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First visit	606	516	106	1228
Subsequent visits	620	643	156	1419
Total visits	1226	1159	262	2647
Additional courses of treatment commenced	360	348	84	792
Fillings in permanent teeth	360	801	309	1470
Fillings in deciduous teeth	959	162	-	1121
Permanent teeth filled	321	722	262	1305
Deciduous teeth filled	924	158	-	1082
Permanent teeth extracted	8	86	42	136
Deciduous teeth extracted	613	197	-	810
General anaesthetics	140	60	8	208
Emergencies	107	81	17	205

Number of pupils x-rayed	89
Prophylaxis	791
Teeth otherwise conserved	20
Number of teeth root filled	3
Inlays	-
Crowns	3
Courses of treatment completed	1847

ORTHODONTICS

New cases commenced during year	8
Cases completed during year	9
Cases discontinued during year	--
No. of removable appliances fitted	8
No. of fixed appliances fitted	--
Pupils referred to Hospital Consultant	36

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	--
Pupils supplied with other dentures (first time)	-	1	1	2
Number of dentures supplied	-	1	1	2

ANAESTHETICS

General Anaesthetics administered by Medical Anaesthetists	208
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INSPECTIONS

(a) First inspection at school	No. of pupils	5631
(b) First inspection at clinic	No. of pupils	1302
Number of (a) and (b) found to require treatment		3251
Number of (a) and (b) offered treatment		3251
(c) Pupils re-inspected at school clinic		1582
Number of (c) found to require treatment		1286

SESSIONS

Sessions devoted to treatment	539
Sessions devoted to inspections	46
Sessions devoted to Dental Health Education	4

